

105TH CONGRESS
2D SESSION

S. 2358

To provide for the establishment of a service-connection for illnesses associated with service in the Persian Gulf War, to extend and enhance certain health care authorities relating to such service, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 27, 1998

Mr. ROCKEFELLER (for himself, Mr. BYRD, Mr. SPECTER, Mr. DASCHLE, Mr. CLELAND, Mr. CONRAD, Mrs. MURRAY, Mr. KERRY, Mr. DODD, Mr. KOHL, Ms. MIKULSKI, Mr. HUTCHINSON, Mr. FORD, Mr. THURMOND, Mr. CAMPBELL, and Mr. JEFFORDS) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To provide for the establishment of a service-connection for illnesses associated with service in the Persian Gulf War, to extend and enhance certain health care authorities relating to such service, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Persian Gulf War Veterans Act of 1998”.

1 (b) TABLE OF CONTENTS.—The table of contents of
 2 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—SERVICE CONNECTION FOR GULF WAR ILLNESSES

Sec. 101. Presumption of service connection for illnesses associated with service
 in the Persian Gulf during the Persian Gulf War.

Sec. 102. Agreement with National Academy of Sciences.

Sec. 103. Monitoring of health status and health care of Persian Gulf War vet-
 erans.

Sec. 104. Reports on recommendations for additional scientific research.

Sec. 105. Outreach.

Sec. 106. Definitions.

TITLE II—EXTENSION AND ENHANCEMENT OF GULF WAR HEALTH CARE AUTHORITIES

Sec. 201. Extension of authority to provide health care for Persian Gulf War
 veterans.

Sec. 202. Extension and improvement of evaluation of health status of spouses
 and children of Persian Gulf War veterans.

TITLE III—MISCELLANEOUS

Sec. 301. Assessment of establishment of independent entity to evaluate post-
 conflict illnesses among members of the Armed Forces and
 health care provided by DoD and VA before and after deploy-
 ment of such members.

3 **TITLE I—SERVICE CONNECTION** 4 **FOR GULF WAR ILLNESSES**

5 **SEC. 101. PRESUMPTION OF SERVICE CONNECTION FOR** 6 **ILLNESSES ASSOCIATED WITH SERVICE IN** 7 **THE PERSIAN GULF DURING THE PERSIAN** 8 **GULF WAR.**

9 (a) IN GENERAL.—(1) Subchapter II of chapter 11
 10 of title 38, United States Code, is amended by adding at
 11 the end the following:

1 **“§ 1118. Presumptions of service connection for ill-**
2 **nesses associated with service in the Per-**
3 **sian Gulf during the Persian Gulf War**

4 “(a)(1) For purposes of section 1110 of this title, and
5 subject to section 1113 of this title, each illness, if any,
6 described in paragraph (2) shall be considered to have
7 been incurred in or aggravated by service referred to in
8 that paragraph, notwithstanding that there is no record
9 of evidence of such illness during the period of such serv-
10 ice.

11 “(2) An illness referred to in paragraph (1) is any
12 diagnosed or undiagnosed illness that—

13 “(A) the Secretary determines in regulations
14 prescribed under this section to warrant a presump-
15 tion of service connection by reason of having a posi-
16 tive association with exposure to a biological, chemi-
17 cal, or other toxic agent, environmental or wartime
18 hazard, or preventive medicine or vaccine known or
19 presumed to be associated with service in the Armed
20 Forces in the Southwest Asia theater of operations
21 during the Persian Gulf War; and

22 “(B) becomes manifest within the period, if
23 any, prescribed in such regulations in a veteran who
24 served on active duty in that theater of operations
25 during that war and by reason of such service was

1 exposed to such agent, hazard, or medicine or vac-
2 cine.

3 “(3) For purposes of this subsection, a veteran who
4 served on active duty in the Southwest Asia theater of op-
5 erations during the Persian Gulf War and has an illness
6 described in paragraph (2) shall be presumed to have been
7 exposed by reason of such service to the agent, hazard,
8 or medicine or vaccine associated with the illness in the
9 regulations prescribed under this section unless there is
10 conclusive evidence to establish that the veteran was not
11 exposed to the agent, hazard, or medicine or vaccine by
12 reason of such service.

13 “(b)(1)(A) Whenever the Secretary makes a deter-
14 mination described in subparagraph (B), the Secretary
15 shall prescribe regulations providing that a presumption
16 of service connection is warranted for the illness covered
17 by that determination for purposes of this section.

18 “(B) A determination referred to in subparagraph
19 (A) is a determination based on sound medical and sci-
20 entific evidence that a positive association exists be-
21 tween—

22 “(i) the exposure of humans or animals to a bi-
23 ological, chemical, or other toxic agent, environ-
24 mental or wartime hazard, or preventive medicine or
25 vaccine known or presumed to be associated with

1 service in the Southwest Asia theater of operations
2 during the Persian Gulf War; and

3 “(ii) the occurrence of a diagnosed or
4 undiagnosed illness in humans or animals.

5 “(2)(A) In making determinations for purposes of
6 paragraph (1), the Secretary shall take into account—

7 “(i) the reports submitted to the Secretary by
8 the National Academy of Sciences under section 102
9 of the Persian Gulf War Veterans Act of 1998; and

10 “(ii) all other sound medical and scientific in-
11 formation and analyses available to the Secretary.

12 “(B) In evaluating any report, information, or analy-
13 sis for purposes of making such determinations, the Sec-
14 retary shall take into consideration whether the results are
15 statistically significant, are capable of replication, and
16 withstand peer review.

17 “(3) An association between the occurrence of an ill-
18 ness in humans or animals and exposure to an agent, haz-
19 ard, or medicine or vaccine shall be considered to be posi-
20 tive for purposes of this subsection if the credible evidence
21 for the association is equal to or outweighs the credible
22 evidence against the association.

23 “(c)(1) Not later than 60 days after the date on
24 which the Secretary receives a report from the National
25 Academy of Sciences under section 102 of the Persian

1 Gulf War Veterans Act of 1998, the Secretary shall deter-
2 mine whether or not a presumption of service connection
3 is warranted for each illness, if any, covered by the report.

4 “(2) If the Secretary determines under this sub-
5 section that a presumption of service connection is war-
6 ranted, the Secretary shall, not later than 60 days after
7 making the determination, issue proposed regulations set-
8 ting forth the Secretary’s determination.

9 “(3)(A) If the Secretary determines under this sub-
10 section that a presumption of service connection is not
11 warranted, the Secretary shall, not later than 60 days
12 after making the determination, publish in the Federal
13 Register a notice of the determination. The notice shall
14 include an explanation of the scientific basis for the deter-
15 mination.

16 “(B) If an illness already presumed to be service con-
17 nected under this section is subject to a determination
18 under subparagraph (A), the Secretary shall, not later
19 than 60 days after publication of the notice under that
20 subparagraph, issue proposed regulations removing the
21 presumption of service connection for the illness.

22 “(4) Not later than 90 days after the date on which
23 the Secretary issues any proposed regulations under this
24 subsection, the Secretary shall issue final regulations.
25 Such regulations shall be effective on the date of issuance.

1 “(d) Whenever the presumption of service connection
 2 for an illness under this section is removed under sub-
 3 section (c)—

4 “(1) a veteran who was awarded compensation
 5 for the illness on the basis of the presumption before
 6 the effective date of the removal of the presumption
 7 shall continue to be entitled to receive compensation
 8 on that basis; and

9 “(2) a survivor of a veteran who was awarded
 10 dependency and indemnity compensation for the
 11 death of a veteran resulting from the illness on the
 12 basis of the presumption before that date shall con-
 13 tinue to be entitled to receive dependency and in-
 14 demnity compensation on that basis.

15 “(e) Subsections (b) through (d) shall cease to be ef-
 16 fective 10 years after the first day of the fiscal year in
 17 which the National Academy of Sciences submits to the
 18 Secretary the first report under section 102 of the Persian
 19 Gulf War Veterans Act of 1998.”.

20 (2) The table of sections at the beginning of such
 21 chapter is amended by inserting after the item relating
 22 to section 1117 the following new item:

“1118. Presumptions of service connection for illnesses associated with service
 in the Persian Gulf during the Persian Gulf War.”.

23 (b) CONFORMING AMENDMENTS.—Section 1113 of
 24 title 38, United States Code, is amended—

1 (1) by striking out “or 1117” each place it ap-
 2 pears and inserting in lieu thereof “1117, or 1118”;
 3 and

4 (2) in subsection (a), by striking out “or 1116”
 5 and inserting in lieu thereof “, 1116, or 1118”.

6 (c) COMPENSATION FOR UNDIAGNOSED GULF WAR
 7 ILLNESSES.—Section 1117 of title 38, United States
 8 Code, is amended—

9 (1) by redesignating subsections (c), (d), and
 10 (e) as subsections (d), (e), and (f), respectively; and

11 (2) by inserting after subsection (b) the follow-
 12 ing new subsection (c):

13 “(c)(1) Whenever the Secretary determines under
 14 section 1118(c) of this title that a presumption of service
 15 connection for an undiagnosed illness (or combination of
 16 undiagnosed illnesses) previously established under this
 17 section is no longer warranted—

18 “(A) a veteran who was awarded compensation
 19 under this section for such illness (or combination of
 20 illnesses) on the basis of the presumption shall con-
 21 tinue to be entitled to receive compensation under
 22 this section on that basis; and

23 “(B) a survivor of a veteran who was awarded
 24 dependency and indemnity compensation for the
 25 death of a veteran resulting from the disease on the

1 basis of the presumption before that date shall con-
 2 tinue to be entitled to receive dependency and in-
 3 demnity compensation on that basis.

4 “(2) This subsection shall cease to be effective 10
 5 years after the first day of the fiscal year in which the
 6 National Academy of Sciences submits to the Secretary
 7 the first report under section 102 of the Persian Gulf War
 8 Veterans Act of 1998.”.

9 **SEC. 102. AGREEMENT WITH NATIONAL ACADEMY OF**
 10 **SCIENCES.**

11 (a) PURPOSE.—The purpose of this section is to pro-
 12 vide for the National Academy of Sciences, an independent
 13 nonprofit scientific organization with appropriate exper-
 14 tise, to review and evaluate the available scientific evidence
 15 regarding associations between illnesses and exposure to
 16 toxic agents, environmental or wartime hazards, or pre-
 17 ventive medicines or vaccines associated with Gulf War
 18 service.

19 (b) AGREEMENT.—The Secretary of Veterans Affairs
 20 shall seek to enter into an agreement with the National
 21 Academy of Sciences for the Academy to perform the ac-
 22 tivities covered by this section and sections 103(a)(6) and
 23 104(d). The Secretary shall seek to enter into the agree-
 24 ment not later than two months after the date of enact-
 25 ment of this Act.

1 (c) IDENTIFICATION OF AGENTS AND ILLNESSES.—

2 (1) Under the agreement under subsection (b), the Na-
3 tional Academy of Sciences shall—

4 (A) identify the biological, chemical, or other
5 toxic agents, environmental or wartime hazards, or
6 preventive medicines or vaccines to which members
7 of the Armed Forces who served in the Southwest
8 Asia theater of operations during the Persian Gulf
9 War may have been exposed by reason of such serv-
10 ice; and

11 (B) identify the illnesses (including diagnosed
12 illnesses and undiagnosed illnesses) that are mani-
13 fest in such members.

14 (2) In identifying illnesses under paragraph (1)(B),
15 the Academy shall review and summarize the relevant sci-
16 entific evidence regarding illnesses among the members
17 described in paragraph (1)(A) and among other appro-
18 priate populations of individuals, including mortality,
19 symptoms, and adverse reproductive health outcomes
20 among such members and individuals.

21 (d) INITIAL CONSIDERATION OF SPECIFIC
22 AGENTS.—(1) In identifying under subsection (c) the
23 agents, hazards, or preventive medicines or vaccines to
24 which members of the Armed Forces may have been ex-
25 posed for purposes of the first report under subsection (i),

1 the National Academy of Sciences shall consider, within
2 the first six months after the date of enactment of this
3 Act, the following:

4 (A) The following organophosphorous pes-
5 ticides:

6 (i) Chlorpyrifos.

7 (ii) Diazinon.

8 (iii) Dichlorvos.

9 (iv) Malathion.

10 (B) The following carbamate pesticides:

11 (i) Proxpur.

12 (ii) Carbaryl.

13 (iii) Methomyl.

14 (C) The carbamate pyridostigmine bromide
15 used as nerve agent prophylaxis.

16 (D) The following chlorinated hydrocarbon and
17 other pesticides and repellents:

18 (i) Lindane.

19 (ii) Pyrethrins.

20 (iii) Permethrins.

21 (iv) Rodenticides (bait).

22 (v) Repellent (DEET).

23 (E) The following low-level nerve agents and
24 precursor compounds at exposure levels below those

1 which produce immediately apparent incapacitating
2 symptoms:

3 (i) Sarin.

4 (ii) Tabun.

5 (F) The following synthetic chemical com-
6 pounds:

7 (i) Mustard agents at levels below those
8 which cause immediate blistering.

9 (ii) Volatile organic compounds.

10 (iii) Hydrazine.

11 (iv) Red fuming nitric acid.

12 (v) Solvents.

13 (vi) Uranium.

14 (G) The following ionizing radiation:

15 (i) Depleted uranium.

16 (ii) Microwave radiation.

17 (iii) Radio frequency radiation.

18 (H) The following environmental particulates
19 and pollutants:

20 (i) Hydrogen sulfide.

21 (ii) Oil fire byproducts.

22 (iii) Diesel heater fumes.

23 (iv) Sand micro-particles.

24 (I) Diseases endemic to the region (including
25 the following):

1 (i) Leishmaniasis.

2 (ii) Sandfly fever.

3 (iii) Pathogenic escherechia coli.

4 (iv) Shigellosis.

5 (J) Time compressed administration of multiple
6 live, ‘attenuated’, and toxoid vaccines.

7 (2) The consideration of agents, hazards, and medi-
8 cines and vaccines under paragraph (1) shall not preclude
9 the Academy from identifying other agents, hazards, or
10 medicines or vaccines to which members of the Armed
11 Forces may have been exposed for purposes of any report
12 under subsection (i).

13 (3) Not later than six months after the date of enact-
14 ment of this Act, the National Academy of Science shall
15 submit to the designated congressional committees a re-
16 port specifying the agents, hazards, and medicines and
17 vaccines considered under paragraph (1).

18 (e) DETERMINATIONS OF ASSOCIATIONS BETWEEN
19 AGENTS AND ILLNESSES.—(1) For each agent, hazard,
20 or medicine or vaccine and illness identified under sub-
21 section (c), the National Academy of Sciences shall deter-
22 mine, to the extent that available scientific data permit
23 meaningful determinations—

24 (A) whether a statistical association exists be-
25 tween exposure to the agent, hazard, or medicine or

1 vaccine and the illness, taking into account the
2 strength of the scientific evidence and the appro-
3 priateness of the scientific methodology used to de-
4 tect the association;

5 (B) the increased risk of the illness among
6 human or animal populations exposed to the agent,
7 hazard, or medicine or vaccine; and

8 (C) whether a plausible biological mechanism or
9 other evidence of a causal relationship exists between
10 exposure to the agent, hazard, or medicine or vac-
11 cine and the illness.

12 (2) The Academy shall include in its reports under
13 subsection (i) a full discussion of the scientific evidence
14 and reasoning that led to its conclusions under this sub-
15 section.

16 (f) REVIEW OF POTENTIAL TREATMENT MODELS
17 FOR CERTAIN ILLNESSES.—Under the agreement under
18 subsection (b), the National Academy of Sciences shall
19 separately review, for each chronic undiagnosed illness
20 identified under subsection (c)(1)(B) and for any other
21 chronic illness that the Academy determines to warrant
22 such review, the available scientific data in order to iden-
23 tify empirically valid models of treatment for such illnesses
24 which employ successful treatment modalities for popu-
25 lations with similar symptoms.

1 (g) RECOMMENDATIONS FOR ADDITIONAL SCI-
2 ENTIFIC STUDIES.—(1) Under the agreement under sub-
3 section (b), the National Academy of Sciences shall make
4 any recommendations that it considers appropriate for ad-
5 ditional scientific studies (including studies relating to
6 treatment models) to resolve areas of continuing scientific
7 uncertainty relating to the health consequences of expo-
8 sure to toxic agents, environmental or wartime hazards,
9 or preventive medicines or vaccines associated with Gulf
10 War service.

11 (2) In making recommendations for additional stud-
12 ies, the Academy shall consider the available scientific
13 data, the value and relevance of the information that could
14 result from such studies, and the cost and feasibility of
15 carrying out such studies.

16 (h) SUBSEQUENT REVIEWS.—(1) Under the agree-
17 ment under subsection (b), the National Academy of
18 Sciences shall conduct on a periodic and ongoing basis ad-
19 ditional reviews of the evidence and data relating to its
20 activities under this section.

21 (2) As part of each review under this subsection, the
22 Academy shall—

23 (A) conduct as comprehensive a review as is
24 practicable of the evidence referred to in subsection

25 (c) and the data referred to in subsections (e), (f),

1 and (g) that became available since the last review
2 of such evidence and data under this section; and

3 (B) make determinations under the subsections
4 referred to in subparagraph (A) on the basis of the
5 results of such review and all other reviews pre-
6 viously conducted for purposes of this section.

7 (i) REPORTS.—(1) Under the agreement under sub-
8 section (b), the National Academy of Sciences shall submit
9 to the committees and officials referred to in paragraph
10 (5) periodic written reports regarding the Academy's ac-
11 tivities under the agreement.

12 (2) The first report under paragraph (1) shall be sub-
13 mitted not later than 18 months after the date of enact-
14 ment of this Act. That report shall include—

15 (A) the determinations and discussion referred
16 to in subsection (e);

17 (B) the results of the review of models of treat-
18 ment under subsection (f); and

19 (C) any recommendations of the Academy
20 under subsection (g).

21 (3) Reports shall be submitted under this subsection
22 at least once every two years, as measured from the date
23 of the report under paragraph (2).

24 (4) In any report under this subsection (other than
25 the report under paragraph (2)), the Academy may specify

1 an absence of meaningful developments in the scientific
2 or medical community with respect to the activities of the
3 Academy under this section during the 2-year period end-
4 ing on the date of such report.

5 (5) Reports under this subsection shall be submitted
6 to the following:

7 (A) The designated congressional committees.

8 (B) The Secretary of Veterans Affairs.

9 (C) The Secretary of Defense.

10 (j) SUNSET.—This section shall cease to be effective
11 10 years after the last day of the fiscal year in which the
12 National Academy of Sciences submits the first report
13 under subsection (i).

14 (k) ALTERNATIVE CONTRACT SCIENTIFIC ORGANIZA-
15 TION.—(1) If the Secretary is unable within the time pe-
16 riod set forth in subsection (b) to enter into an agreement
17 with the National Academy of Sciences for the purposes
18 of this section on terms acceptable to the Secretary, the
19 Secretary shall seek to enter into an agreement for pur-
20 poses of this section with another appropriate scientific
21 organization that is not part of the Government, operates
22 as a not-for-profit entity, and has expertise and objectivity
23 comparable to that of the National Academy of Sciences.

24 (2) If the Secretary enters into an agreement with
25 another organization under this subsection, any reference

1 in this section, sections 103 and 104, and section 1118
 2 of title 38, United States Code (as added by section 101),
 3 to the National Academy of Sciences shall be treated as
 4 a reference to such other organization.

5 **SEC. 103. MONITORING OF HEALTH STATUS AND HEALTH**
 6 **CARE OF PERSIAN GULF WAR VETERANS.**

7 (a) INFORMATION DATA BASE.—(1) The Secretary
 8 of Veterans Affairs shall, in consultation with the Sec-
 9 retary of Defense, develop a plan for the establishment
 10 and operation of a single computerized information data
 11 base for the collection, storage, and analysis of informa-
 12 tion on—

13 (A) the diagnosed illnesses and undiagnosed ill-
 14 nesses suffered by current and former members of
 15 the Armed Forces who served in the Southwest Asia
 16 theater of operations during the Persian Gulf War;
 17 and

18 (B) the health care utilization patterns of such
 19 members with—

20 (i) any chronic undiagnosed illnesses; and

21 (ii) any chronic illnesses for which the Na-
 22 tional Academy of Sciences has identified a
 23 valid model of treatment pursuant to its review
 24 under section 102(f).

1 (2) The plan shall provide for the commencement of
2 the operation of the data base not later than 18 months
3 after the date of enactment of this Act.

4 (3) The Secretary shall ensure in the plan that the
5 data base provides the capability of monitoring and ana-
6 lyzing information on—

7 (A) the illnesses covered by paragraph (1)(A);

8 (B) the health care utilization patterns referred
9 to in paragraph (1)(B); and

10 (C) the changes in health status of veterans
11 covered by paragraph (1).

12 (4) In order to meet the requirement under para-
13 graph (3), the plan shall ensure that the data base in-
14 cludes the following:

15 (A) Information in the Persian Gulf War Veter-
16 ans Health Registry established under section 702 of
17 the Persian Gulf War Veterans' Health Status Act
18 (title VII of Public Law 102-585; 38 U.S.C. 527
19 note).

20 (B) Information in the Comprehensive Clinical
21 Evaluation Program for Veterans established under
22 section 734 of the National Defense Authorization
23 Act for Fiscal Years 1992 and 1993 (10 U.S.C.
24 1074 note).

1 (C) Information derived from other examina-
2 tions and treatment provided by Department of Vet-
3 erans Affairs health care facilities to veterans who
4 served in the Southwest Asia theater of operations
5 during the Persian Gulf War.

6 (D) Information derived from other examina-
7 tions and treatment provided by military health care
8 facilities to current members of the Armed Forces
9 (including members of the active components and
10 members of the reserve components) who served in
11 that theater of operations during that war.

12 (E) Such other information as the Secretary of
13 Veterans Affairs and the Secretary of Defense con-
14 sider appropriate.

15 (5) Not later than one year after the date of enact-
16 ment of this Act, the Secretary shall submit the plan de-
17 veloped under paragraph (1) to the following:

18 (A) The designated congressional committees.

19 (B) The Secretary of Veterans Affairs.

20 (C) The Secretary of Defense.

21 (D) The National Academy of Sciences.

22 (6)(A) The agreement under section 102 shall require
23 the evaluation of the plan developed under paragraph (1)
24 by the National Academy of Sciences. The Academy shall
25 complete the evaluation of the plan not later than 90 days

1 after the date of its submittal to the Academy under para-
2 graph (5).

3 (B) Upon completion of the evaluation, the Academy
4 shall submit a report on the evaluation to the committees
5 and individuals referred to in paragraph (5).

6 (7) Not later than 90 days after receipt of the report
7 under paragraph (6), the Secretary shall—

8 (A) modify the plan in light of the evaluation
9 of the Academy in the report; and

10 (B) commence implementation of the plan as so
11 modified.

12 (b) ANNUAL REPORT.—Not later than April 1 each
13 year after the year in which operation of the data base
14 under subsection (a) commences, the Secretary of Veter-
15 ans Affairs and the Secretary of Defense shall jointly sub-
16 mit to the designated congressional committees a report
17 containing—

18 (1) with respect to the data compiled under this
19 section during the preceding year—

20 (A) an analysis of the data;

21 (B) a discussion of the types, incidences,
22 and prevalence of the illnesses identified
23 through such data;

24 (C) an explanation for the incidence and
25 prevalence of such illnesses; and

1 (D) other reasonable explanations for the
2 incidence and prevalence of such illnesses; and

3 (2) with respect to the most current informa-
4 tion received under section 102(i) regarding treat-
5 ment models reviewed under section 102(f)—

6 (A) an analysis of the information;

7 (B) the results of any consultation between
8 such Secretaries regarding the implementation
9 of such treatment models in the health care sys-
10 tems of the Department of Veterans Affairs
11 and the Department of Defense; and

12 (C) in the event either such Secretary de-
13 termines not to implement such treatment mod-
14 els, an explanation for such determination.

15 **SEC. 104. REPORTS ON RECOMMENDATIONS FOR ADDI-**
16 **TIONAL SCIENTIFIC RESEARCH.**

17 (a) REPORTS.—Not later than 90 days after the date
18 on which the Secretary of Veterans Affairs receives any
19 recommendations from the National Academy of Sciences
20 for additional scientific studies under section 102(g), the
21 Secretary of Veterans Affairs, Secretary of Defense, and
22 Secretary of Health and Human Services shall jointly sub-
23 mit to the designated congressional committees a report
24 on such recommendations, including whether or not the
25 Secretaries intend to carry out any recommended studies.

1 (b) ELEMENTS.—In each report under subsection
 2 (a), the Secretaries shall—

3 (1) set forth a plan for each study, if any, that
 4 the Secretaries intend to carry out; or

5 (2) in case of each study that the Secretaries
 6 intend not to carry out, set forth a justification for
 7 the intention not to carry out such study.

8 **SEC. 105. OUTREACH.**

9 (a) OUTREACH BY SECRETARY OF VETERANS AF-
 10 FAIRS.—The Secretary of Veterans Affairs shall, in con-
 11 sultation with the Secretary of Defense and the Secretary
 12 of Health and Human Services, carry out an ongoing pro-
 13 gram to provide veterans who served in the Southwest
 14 Asia theater of operations during the Persian Gulf War
 15 the information described in subsection (c).

16 (b) OUTREACH BY SECRETARY OF DEFENSE.—The
 17 Secretary of Defense shall, in consultation with the Sec-
 18 retary of Veterans Affairs and the Secretary of Health and
 19 Human Services, carry out an ongoing program to provide
 20 current members of the Armed Forces (including members
 21 of the active components and members of the reserve com-
 22 ponents) who served in that theater of operations during
 23 that war the information described in subsection (c).

24 (c) COVERED INFORMATION.—Information under
 25 this subsection is information relating to—

- 1 (1) the health risks, if any, resulting from expo-
2 sure to toxic agents, environmental or wartime haz-
3 ards, or preventive medicines or vaccines associated
4 with Gulf War service; and
- 5 (2) any services or benefits available with re-
6 spect to such health risks.

7 **SEC. 106. DEFINITIONS.**

8 In this title:

9 (1) The term “toxic agent, environmental or
10 wartime hazard, or preventive medicine or vaccine
11 associated with Gulf War service” means a biologi-
12 cal, chemical, or other toxic agent, environmental or
13 wartime hazard, or preventive medicine or vaccine
14 that is known or presumed to be associated with
15 service in the Armed Forces in the Southwest Asia
16 theater of operations during the Persian Gulf War,
17 whether such association arises as a result of single,
18 repeated, or sustained exposure and whether such
19 association arises through exposure singularly or in
20 combination.

21 (2) The term “designated congressional com-
22 mittees” means the following:

23 (A) The Committees on Veterans’ Affairs
24 and Armed Services of the Senate.

1 (B) The Committees on Veterans' Affairs
 2 and National Security of the House of Rep-
 3 resentatives.

4 (3) The term "Persian Gulf War" has the
 5 meaning given that term in section 101(33) of title
 6 38, United States Code.

7 **TITLE II—EXTENSION AND EN-**
 8 **HANCEMENT OF GULF WAR**
 9 **HEALTH CARE AUTHORITIES**

10 **SEC. 201. EXTENSION OF AUTHORITY TO PROVIDE HEALTH**
 11 **CARE FOR PERSIAN GULF WAR VETERANS.**

12 Section 1710(e)(3)(B) of title 38, United States
 13 Code, is amended by striking out "December 31, 1998"
 14 and inserting in lieu thereof "December 31, 2001".

15 **SEC. 202. EXTENSION AND IMPROVEMENT OF EVALUATION**
 16 **OF HEALTH STATUS OF SPOUSES AND CHIL-**
 17 **DREN OF PERSIAN GULF WAR VETERANS.**

18 (a) EXTENSION.—Subsection (b) of section 107 of
 19 the Persian Gulf War Veterans' Benefits Act (title I of
 20 Public Law 103–446; 38 U.S.C. 1117 note) is amended
 21 by striking out "ending on December 31, 1998." and in-
 22 serting in lieu thereof "ending on the earlier of—

23 "(1) the date of the completion of expenditure
 24 of funds available for the program under subsection
 25 (c); or

1 “(2) December 31, 2001.”.

2 (b) TERMINATION OF CERTAIN TESTING AND EVAL-
3 UATION REQUIREMENTS.—Subsection (a) of that section
4 is amended by striking out the flush matter following
5 paragraph (3).

6 (c) OUTREACH.—Subsection (g) of that section is
7 amended—

8 (1) by inserting “(1)” before “The Secretary”;

9 (2) by redesignating paragraphs (1) and (2) of
10 paragraph (1), as designated by paragraph (1) of
11 this subsection, as subparagraphs (A) and (B) of
12 that paragraph; and

13 (3) by adding at the end the following new
14 paragraphs:

15 “(2) In addition to the outreach activities under para-
16 graph (1), the Secretary shall also provide outreach with
17 respect to the following:

18 “(A) The existence of the program under this
19 section.

20 “(B) The purpose of the program.

21 “(C) The availability under the program of
22 medical examinations and tests, and not medical
23 treatment.

24 “(D) The findings of any published, peer-re-
25 viewed research with respect to any associations (or

1 lack thereof) between the service of veterans in the
 2 Southwest Asia theater of operations and particular
 3 illnesses or disorders of their spouses or children.

4 “(3) Outreach under this subsection shall be provided
 5 any veteran who served as a member of the Armed Forces
 6 in the Southwest Asia theater of operations and who—
 7 “(A) seeks health care or services at medical fa-
 8 cilities of the Department of Veterans Affairs; or
 9 “(B) is or seeks to be listed in the Persian Gulf
 10 War Veterans Registry.”.

11 (d) ENHANCED FLEXIBILITY IN EXAMINATIONS.—
 12 That section is further amended—

13 (1) by redesignating subsections (i) and (j) as
 14 subsections (k) and (l), respectively; and

15 (2) by inserting after subsection (h) the follow-
 16 ing new subsection (i):

17 “(i) ENHANCED FLEXIBILITY IN EXAMINATIONS.—
 18 In order to increase the number of diagnostic tests and
 19 medical examinations under the program under this sec-
 20 tion, the Secretary may—

21 “(1) reimburse the primary physicians of
 22 spouses and children covered by that subsection for
 23 the costs of conducting such tests or examinations,
 24 with such rates of reimbursement not to exceed the

1 rates paid contract entities under subsection (d) for
2 conducting tests or examinations under the program;

3 “(2) conduct such tests or examinations of
4 spouses covered by that subsection in medical facili-
5 ties of the Department; and

6 “(3) in the event travel is required in order to
7 facilitate such tests or examinations by contract en-
8 tities referred to in paragraph (1), reimburse the
9 spouses and children concerned for the costs of such
10 travel and of related lodging.”.

11 (e) ENHANCED MONITORING OF PROGRAM.—That
12 section is further amended by inserting after subsection
13 (i), as amended by subsection (d) of this section, the fol-
14 lowing new subsection (j):

15 “(j) ENHANCED MONITORING OF PROGRAM.—In
16 order to enhance monitoring of the program under this
17 section, the Secretary shall provide for monthly reports to
18 the Central Office of the Department on activities with
19 respect to the program by elements of the Department and
20 contract entities under subsection (d).”.

1 **TITLE III—MISCELLANEOUS**

2 **SEC. 301. ASSESSMENT OF ESTABLISHMENT OF INDEPEND-**
3 **ENT ENTITY TO EVALUATE POST-CONFLICT**
4 **ILLNESSES AMONG MEMBERS OF THE ARMED**
5 **FORCES AND HEALTH CARE PROVIDED BY**
6 **DOD AND VA BEFORE AND AFTER DEPLOY-**
7 **MENT OF SUCH MEMBERS.**

8 (a) AGREEMENT FOR ASSESSMENT.—The Secretary
9 of Veterans Affairs shall seek to enter into an agreement
10 with the National Academy of Sciences, or other appro-
11 priate independent organization, under which agreement
12 the Academy shall carry out the assessment referred to
13 in subsection (b).

14 (b) ASSESSMENT.—(1) Under the agreement, the
15 Academy shall assess the need for and feasibility of estab-
16 lishing an independent entity to—

17 (A) evaluate and monitor interagency coordina-
18 tion on issues relating to the post-deployment health
19 concerns of members of the Armed Forces, including
20 coordination relating to outreach and risk commu-
21 nication, recordkeeping, research, utilization of new
22 technologies, international cooperation and research,
23 health surveillance, and other health-related activi-
24 ties;

1 (B) evaluate the health care (including preven-
2 tive care and responsive care) provided to members
3 of the Armed Forces both before and after their de-
4 ployment on military operations;

5 (C) monitor and direct government efforts to
6 evaluate the health of members of the Armed Forces
7 upon their return from deployment on military oper-
8 ations for purposes of ensuring the rapid identifica-
9 tion of any trends in diseases or injuries among such
10 members as a result of such operations;

11 (D) provide and direct the provision of ongoing
12 training of health care personnel of the Department
13 of Defense and the Department of Veterans Affairs
14 in the evaluation and treatment of post-deployment
15 diseases and health conditions, including nonspecific
16 and unexplained illnesses; and

17 (E) make recommendations to the Department
18 of Defense and the Department of Veterans Affairs
19 regarding improvements in the provision of health
20 care referred to in subparagraph (B), including im-
21 provements in the monitoring and treatment of
22 members referred to in that subparagraph.

23 (2) The assessment shall cover the health care pro-
24 vided by the Department of Defense and, where applica-
25 ble, by the Department of Veterans Affairs.

1 (c) REPORT.—(1) The agreement shall require the
2 Academy to submit to the committees referred to in para-
3 graph (3) a report on the results of the assessment under
4 this section not later than one year after the date of enact-
5 ment of this Act.

6 (2) The report shall include the following:

7 (A) The recommendation of the Academy as to
8 the need for and feasibility of establishing an inde-
9 pendent entity as described in subsection (b) and a
10 justification of such recommendation.

11 (B) If the Academy recommends that an entity
12 be established, the recommendations of the Academy
13 as to—

14 (i) the organizational placement of the en-
15 tity;

16 (ii) the personnel and other resources to be
17 allocated to the entity;

18 (iii) the scope and nature of the activities
19 and responsibilities of the entity; and

20 (iv) mechanisms for ensuring that any rec-
21 ommendations of the entity are carried out by
22 the Department of Defense and the Department
23 of Veterans Affairs.

24 (3) The report shall be submitted to the following:

1 (A) The Committee on Veterans' Affairs and
2 the Committee on Armed Services of the Senate.

3 (B) The Committee on Veterans' Affairs and
4 the Committee on National Security of the House of
5 Representatives.

